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CONFIRMATION NO. 4932

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. UC 207-KFM | |
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| 10/530,383 | 05/26/2005 | 600 | 1615 | | |
| APPLICANTS Martin Rahe, Huellhorst, GERMANY; Rudi Maier, Engstingen, GERMANY; Michael Wagener, Bremen, GERMANY; Raymond Glocker, Aschffenburg, GERMANY; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/DE03/03395 10/13/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** German application 102 47 689.6; filed 10/12/02 | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CARALYNNE E HELM/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWINGS 1 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 1 |
| ADDRESS MILDE & HOFFBERG, LLP 10 BANK STREET SUITE 460 WHITE PLAINS, NY 10606 UNITED STATES | | | | | |
| TITLE Bladder implant | | | | | |
| FILING FEE RECEIVED 695 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |